

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Sarah Albert, LPN

Petition No. 940203-11-010

CONSENT ORDER

WHEREAS, Sarah Albert (hereinafter "respondent") of East Hartford, Connecticut has been issued license number 008799 to practice as a licensed practical nurse by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. She made a medication error on July 15, 1993, and attempted to cover it up by asking another nurse to co-sign for a waste which had already occurred.
2. The above-referenced conduct constitutes grounds for disciplinary action pursuant to Connecticut General Statutes §20-99(b).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations at a hearing in front of the Connecticut Board of Examiners for Nursing. Sarah Albert further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-9, 19a-10, and 20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, Sarah Albert hereby stipulates and agrees to the following:

1. That respondent waives her right to a hearing on the merits of this matter.
2. That respondent shall comply with all federal and state statutes and regulations applicable to her profession.
3. That respondent's license number 008799 to practice as a licensed practical nurse in the State of Connecticut is hereby suspended for six months, and placed on concurrent probation for one year, subject to the following terms and conditions:
 - A. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation.
 - B. Respondent shall not accept employment as a nurse for a personnel provider service, visiting nurse agency or home health care agency, and shall not be self-employed as a nurse for the period of her probation.
 - C. Respondent shall be responsible for the provision of written reports directly to the Board and the Department from her nursing supervisor (i.e., Director of Nursing) monthly for the period of her probation after her license has been reinstated. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Board and the Department at the address cited in paragraph 3G below.
 - D. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
 - E. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.
 - F. All reports required in paragraph 3C are due according to the following schedule:

Monthly reports are due on the tenth business day of every month commencing with the reports due FEBRUARY 1996.

- G. All correspondence and reports shall be addressed to:

Office of the Board of Examiners for Nursing
Department of Public Health and Addiction Services
150 Washington Street
Hartford, CT 06106

- H. That she shall pay a civil penalty of five hundred dollars (\$500.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable in two installments of two hundred and fifty dollars (\$250.00) each with the first such payment due sixty days after the effective date of this Order, and the second such payment due prior to the completion of probation.
4. That legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department.
5. That this Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
6. That respondent understands this Consent Order is a matter of public record.
7. That respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this same Consent Order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.

8. That, in the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a licensed practical nurse, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether her conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
9. That, in the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Board.
10. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights, that she may have under the laws of the State of Connecticut or of the United States.

11. That respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent understand that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
12. That respondent has had the opportunity to consult with an attorney prior to signing this document.

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I, Sarah Albert, have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Sarah Albert LPN
Sarah Albert, L.P.N.

Subscribed and sworn to before me this 15th day of MAY 1995.

Paul M. Cusi
Notary Public or person authorized
by law to administer Oath of
affirmation NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 1997

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 1st day of June 1995, it is hereby accepted.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 14th day of June 1995, it is hereby ordered and accepted.

Nancy L. DeFond
Connecticut Board of Examiners for
Nursing

JPL:dh
0761Q/17-22
4/95



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

July 11, 1996

Sarah Albert
196 Wakefield Circle
East Hartford CT 06118

RE: Connecticut LPN License No. 008799

Dear Ms. Albert:

You have fulfilled the terms of the probation of your license. The probationary status of your practical nurse license will be removed with an effective date of July 1, 1996.

Renewal of your practical nurse license is required, by law, annually during the month of your birth following the date of this letter. If the license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application. This is a process of having your credentials re-evaluated.

State law requires you to notify this office within thirty (30) days of ANY change of address whether in or out of this state. Should you have any questions concerning this process contact this Department at 860-509-7588.

Sincerely,

Marie T. Hilliard, Ph.D., R.N.
Executive Officer
Board of Examiners for Nursing

MTH:jew
marie.doc/46

cc: Richard J. Lynch, Assistant Attorney General
Donna Brewer, Chief, Legal Office
✓ Debra Tomassone, Chief, Licensure & Registration
Applications, Examinations & Licensure File



Phone:

Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # _____
P.O. Box 340308 Hartford, CT 06134
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